

**REQUEST FOR RECORDS INSPECTION/COPY
CITY OF WICHITA, KANSAS**

(To be completed by Requester)

NAME:**ADDRESS:**

(Street)

(City)

(State)

SIGNATURE: _____**PHONE:**

RECORD(S) SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect or copy. Include record(s) titles and dates, as well as the names of city agencies or departments which produced or hold the record(s):

Record Title/DateNo. of Copies Desired

1)

2)

3)

.....
CHARGES: A charge for providing inspection to or copies of public records is authorized by state law. These charges are set as a level to compensate the city for the actual costs incurred in honoring your request.

The charge to you for access to the record(s) you request is:

\$

\$

Prepayment of the above amount is required is not required.

 (To be completed by Department Records Custodian and/or City Clerk)
Time of Request:

Date

Time

:

AM PM

Charges:

Staff Time

\$

____ hrs. @ ____ rate

Time Access Provided:

Date

Time

:

AM PM

Copying:

____ #pages

\$

Other (specify):

\$

TOTAL CHARGES:*Prepaid*

;

Paid

;

Billed

 (Department Records Custodian)